PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

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TUESDAY, 10 MAY 2022

COMMITTEE REPORT

Report 19/2022

Ref: Health Update /'Adjusted' Alert Level 1 lockdown

Report of the Ad hoc Committee on COVID-19, in performing oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic, on the themes/meetings covered for March 2022, as follows:

The Ad hoc Committee on COVID-19 consists of the following members:

Mr RI Allen (DA)
Mr D America (DA)
Ms DM Baartman (DA)
Mr G Bosman (DA)
Ms LJ Botha (DA)
Mr FC Christians (ACDP)
Mr CM Dugmore (ANC)
Mr S August (GOOD)
Ms PZ Lekker (ANC)
Mr PJ Marais (FFP)
Ms WF Kaizer-Philander (DA)
Mr AP van der Westhuizen (DA)
Ms MM Wenger (DA) (Chairperson)
Ms R Windvogel (ANC)
Mr M Xego (EFF)

Alternative Members:

Mr RD MacKenzie (DA)
Ms LM Maseko (DA)
Ms ND Nkondlo (ANC)
Mr MK Sayed (ANC)
Mr D Smith (ANC)

Procedural Staff:

Ms S Jones, Procedural Officer
Ms W Hassen-Moosa, Procedural Officer
Ms B Daza, Senior Procedural Officer
Mr M Sassman, Manager: Committee Support

1. Introduction and Background

The Ad hoc Committee on COVID-19 (the Committee) was established by the Speaker of the Western Cape Provincial Parliament on 14 April 2020 in accordance with Standing Rule 119(1)(b) of the Standing Rules of Western Cape Provincial Parliament. The Committee was tasked with the responsibility to perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic.

The meetings have been held virtually, so as to comply with COVID-19 lockdown regulations issued by National Government, as well as a decision of the Programming Authority, to enforce social distancing rules.

2. Election of Chairperson, Adopted Themes and the Rules of Engagement

On 17 April 2020, Member M Wenger (DA) was elected to serve as the Chairperson of the Committee in accordance with Standing Rules 82(1) and 85. The Committee adopted 12 themes around which it would address the COVID-19 pandemic. The 12 adopted themes were as follows:

2.1 Health Department Responses and Preparations
2.2 Policing, Security and Police Brutality
2.3 Food Security
2.4 Protection of the Vulnerable
2.5 Disaster Management and Local Government Oversight
2.6 Economic Recovery, Support and Livelihoods
2.7 Transport and Infrastructure
2.8 Schooling and Education
2.9 Human Settlements
2.10 Citizen Surveillance
2.11 Intergovernmental Relations and Community Cooperation
2.12 Government Finance and Budgets

3. Additionally, the Rules of Engagement during virtual meetings were indicated as follows:

3.1 All meetings would be open to members of the public and media via livestreaming;
3.2 All Members microphones must be muted at the beginning of the meeting to avoid background noise;
3.3 Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);
3.4 All videos and audio must be switched off to improve the quality of the connection; however, if a Member/Minister/HOD/Official is speaking, they may put on their audio and video;
3.5 Participants must switch off their microphones once they are finished speaking;
3.6 In terms of maintenance of order, in accordance with the "Directives for Sittings of the House and Meetings of Committees by Electronic Means", ATC'd on Friday, 17 April 2020, Section 8 states that "when a Member is considered to be out of order by the presiding officer, the presiding officer may mute the microphone of such a Member and call such a Member to order"; and
3.7 Section 10 of the Directives ATC'd on 17 April 2020 speaks to the application of Standing Rules. Section 10 states that "in instances where these directives are not clear or do not cover a particular eventuality in respect of sittings of the House or meetings of the committees by means of videoconferencing, the Standing Rules must apply as far as this is reasonably and practically possible and, in instances where they cannot be applied, the ruling by the presiding officer must be final".

4. The themes/meeting covered in March 2022 included:

The impact of the COVID-19 pandemic had on children in the province and the emerging impacts of COVID-19 and lockdown across seven domains.

5. <u>THEMES: Protection of the vulnerable</u>

5.1 Overview and background

The Committee requested a briefing from the Children's Institute, University of Cape Town on 01 March 2022.

The purpose of the meeting was to receive a briefing from the Children's Institute, University of Cape Town. The briefing dealt with the impact of the COVID-19 pandemic on children in the province and the emerging impact of the COVID-19 lockdown across seven domains.

5.2. Briefing by the Children's Institute, University of Cape Town

Ms Lake provided the Committee with a brief overview on how the COVID-19 lockdown affected women and children across seven domains and made reference to each of the domains as follows:
5.2.1 Children and COVID-19 advocacy briefs;
5.2.2 Child-centered COVID-19 care;
5.2.3 The disruption of routine health services;
5.2.4 Nutrition and food security;
5.2.5 Violence and injury;
5.2.6 Child and adolescent wellbeing the future; and
5.2.7 Schools as nodes of care and support.

5.3 Observations and challenges

5.3.1 Children and COVID-19 advocacy briefs

The briefs highlight the effects of COVID-19 on children from lower-income communities. It came to the fore that children's needs in terms of healthcare, social and emotional development, quality of life, and child protection during the pandemic were often placed on hold in order to prioritise other services.

To further support children, partnerships were formed between the Children's Hospital Trust, the Children's Hospital and the Children's Institute to release a series of research briefs detailing the effects of the pandemic on children's healthcare, education, early childhood development, nutrition, mental health, and exposure to violence. The briefs are based on data sampled from the Western Cape as a use case to highlight opportunities to increase systems and support for children during crises periods e.g. COVID-19.

The series of eight briefs range from important topics like managing disruption to routine healthcare, addressing nutrition and food security, and encouraging mental health and well-being.

5.3.2 Briefing on child-centred COVID-19 care

The COVID-19 pandemic had a direct impact on children because the health sector focused mostly on adult preventative and containment measures to stop the spread of the virus and managing those at risk of severe COVID-19 disease. In the Western Cape, approximately 12 300 children were documented to have contracted COVID-19 between March 2020 and March 2021. This amounted to 4% of all laboratory cases confirmed in this province. Approximately 3 924 children were admitted to hospitals and 123 child COVID-19 related deaths were reported in the first year. Most of the deaths occurred in young children and in older adolescents. Older children and adolescents were reported to be far more likely to suffer from comorbidities, with these being present in 55% and 62% of children between the ages of 10-14 and 15-17 respectively, compared to only 12% in the younger children.

Hospital admissions were far higher in younger children, children ranging from the ages of 0-4 years constituted of 50% of all admissions of which 1 in 5 had a comorbidity. Only one maternity hospital reported that COVID-19 tests were conducted on five newborns in the first three months and that no further tests were conducted, due to the minor infection rates and clinical impact on newborns. Thousands of children have been affected by the illness, loss of income and death of family members, with five million children around the world estimated to having lost a primary caregiver from March 2020 to October 2021.

Hospitalisations related to an unusual COVID-19 complication in children, known as Multisystem Inflammatory Syndrome in Children (MIS-C) were reported. This is a childhood rheumatic disease similar to Kawasaki Disease (a condition that causes inflammation in the walls of some blood vessels in the body). MIS-C children are generally more ill as it involves the heart muscles, gastro-intestinal tract, brain and kidneys. Global and national health agencies have launched numerous projects to try to understand this "new" condition and how best to diagnose, treat and manage children. Children who acquire MIS-C frequently require intensive care and expensive tests to confirm the diagnosis. Whilst the diagnosis and clinical features of MIS-C have since become clearer, managing children in low-and-middle income communities is challenging as other infectious diseases may mimic the MIS-C and expensive diagnostic tests and treatments are limited and often unavailable. The Red Cross Children's Hospital and the

Pediatric Department of the Tygerberg Hospital treated approximately 70 children with MIS-C in the first 10 months of the pandemic.

The complex needs of children were not anticipated in initial plans to prevent community and hospital spread of the virus and to care for those exposed or infected with COVID-19. The rapid flow of new information which followed the global effort to understand the pandemic also led to much uncertainty about the best ways to diagnose, treat and contain COVID-19 infections in children, leading to significant delays in the development of paediatric clinical guidelines. The first COVID-19 management guideline developed by the National Institute for Communicable Diseases and the national Department of Health was released in February 2020, with an update in March 2020. Yet neither of these documents contained any reference at all to children. Emerging data suggest that some children, as with adults with COVID-19, experience lingering symptoms weeks to months after infection, this includes fatigue or insomnia, muscle and joint pain, headache and inability to concentrate, persistent nasal congestion and weight loss. One Italian study reported that more than 40% of children had at least one problem two months after infection.

Quarantine and isolation facilities were set up with adults in mind and children over the age of 12 years were placed into single rooms without family support or supervision. Intermediate care facilities for children were not an option as the risk of super spreading to other vulnerable children and staff was a probability. Social workers were reluctant to place children without testing therefore primary health care facilities were capacitated to do this.

5.3.3 Briefing on the disruption of routine health services

The COVID-19 pandemic has led to disruption in delivering routine healthcare services. Most medical facilities focused on COVID-19 infected patients and reduced access to standard health care services. In some instances some facilities either reduced or stopped offering some standard medical services or were overwhelmed with treating COVID-19 patients presenting acute symptoms of respiratory infection.

Health services for adult health were directed as follows:

- Reallocation of resources from other non-priority areas;
- De-escalation of some child health services;
- Cancellation of non-urgent Outpatient Department treatment; and
- Cancellation of elective surgery/procedures.

It became prevalent that nurturing care for children should be promoted especially for young mothers. Schools reported an increase in pregnancies during lockdown. Pregnant young girls should be encouraged to stay in school and preventative measures should be put in place to prevent further pregnancies. There have also been reports of increased anxiety and suicidal consideration amongst adolescents. Greater effort should be made to improve access to adolescent-friendly healthcare during pandemics e.g. COVID-19, including access to contraception and mental health services. Leadership and advocacy for child health is needed at every level of the health care system to protect, sustain and rebuild child health services. Surveillance systems should be strengthened in order to identify children at risk and to optimise the use of community health workers in maternal and child health to reach out and bridge the gap between communities and health services.

5.3.4 Briefing on nutrition and food security

Food and nutrition security is when all individuals have reliable access to sufficient quantities of affordable, nutritious food to live a healthy life. Good nutrition (or nutrition security) also

requires having enough of the right foods, but in addition, it requires having access to adequate feeding, caregiving and hygiene practices, as well as access to health, water and sanitation services. Nutrition security thus depends on having access to a healthy diet which provides all nutrients required for a healthy life, and being healthy so that the body can make optimal use of these nutrients for its different functions. Food security is necessary, but not sufficient, to ensure nutrition and to prevent childhood malnutrition. Children also need their caregivers to provide them with appropriate feeding, caregiving, hygiene, and health-seeking practices in order to grow, develop and stay healthy. Studies have shown that one in ten children go hungry and that one in three children live below the food poverty line. Approximately 48% of child hospital deaths were associated with moderate or severe acute malnutrition.

Reports show that one in eight young children are overweight or obese. Food insecurity and deficiencies of essential nutrients are widespread among the poorest of the population in many affluent countries. Food insecurity often leads resource-constrained households to feed their families cheap, calorie-dense fast foods instead of fresh fruits and vegetables, meat and dairy, which are typically much more expensive. As a result, food insecure households in poor households often have poor quality diets containing high levels of saturated fat, refined sugar and salt, which leads to severe problems of overweight and obesity not only in adults but also in children. Obesity and overweight lead to stigma and social problems, and more importantly, they are the most significant risk factors for a number of health related problems including cardiovascular diseases, diabetes and some forms of cancer. Food insecurity and malnutrition are not just problems of poor.

Governments throughout the world need to find appropriate solutions to protect the food security and nutrition. The disruption of routine health services made it harder to identify and support children at risk of acute malnutrition. Child hunger is expected to intensify due to a decrease in Child Support Grant. The Grant allocation is valued at R460 a month or R15 a day. This allocation has failed to keep abreast with escalating food prices and inflation rates.

To improve on food security of children, the following needs to be taken into consideration:

- Increase the Community Service Grant to the food poverty line and address barriers to early uptake through Regulation 11(1) of the Social Assistance Act, 2004 (Act 13 of 2004);
- Use taxes, subsidies and price controls to limit food price inflation;
- Sustain and enhance the quality of early childhood development and school feeding;
- Strengthen surveillance and referral systems to identify and support children at risk of malnutrition;
- Ensure measures introduced to alleviate hunger (such as school meals and food parcels) are nutritionally balanced and do not increase the burden of over nutrition and micronutrient deficiencies; and
- Use licencing and zoning regulations to ensure a more equitable spatial distribution of healthy food retailers and limit the number of unhealthy food outlets.

5.3.5 Briefing on violence and injury

Reports have indicated that one in two women have experienced physical and sexual intimate partner violence in their lifetime. During lock down children's rights activists raised concerns about how rising unemployment, food insecurity and the stresses of lockdown increased the risk of violence and injury in certain households. The disruption of social and child protection services made it harder for women and children to access critical services.

Child protection as an essential service should be established and that local response teams should facilitate access to the support services at community level. There should be collaboration amongst health, education and child protection services, schools, early childhood development programmes, health facilities and contact tracing teams to identify and respond to cases of violence and abuse. Family violence can also lead to adverse health and mental health outcomes, including a higher risk of chronic disease, depression, post-traumatic stress disorder, and risky sexual and substance use behaviours.

During lockdown the Red Cross Children's Hospital (RCH) has continued to see similar numbers of child abuse cases during the lockdown compared to before. Although the hospital has seen a decrease in motor-vehicle related accidents, preventable injuries and intentional violence towards children continued. Currently there is no evidence that the banning of alcohol mitigated the risk of abuse in any way. A decrease of 56% in road traffic injuries during the hard lockdown was reported, while injuries in the home such as burns and falls increased over the same period.

5.3.5 Briefing on mental health

At least one in seven children has been affected by the compulsory lockdown instituted due to the COVID-19 pandemic. The disruption to routines, education, recreation, as well as concern for family income and health is leaving many young people feeling afraid, angry, and concerned for their future. Reports have shown that it is important to build capacity for families and frontline workers in schools, early childhood development programmes and health care services to help children to cope.

The mental health of children is further threatened by the environmental factors such as commercial threats through the marketing of harmful substances. Other factors that jeopardise mental health were sleep disruption, loneliness and alcohol abuse. A study conducted in the United Kingdom has shown that 29% of adolescence between the ages of 18 - 29 years have had self-harm or suicidal thoughts. A total of 43% indicated that their lives had taken a bad turn with the commencement of lockdown where 25% indicated that their lives improved.

Specialised child and adolescent mental health services remain extremely limited in South Africa. Women have been particularly hard hit by unemployment, food insecurity, domestic violence and an increased burden of childcare. During the state of emergency, essential services and designated child protection response teams need to be established and accessible to communities at local level.

5.3.6 Briefing on schools as nodes of care and support

The opening and closing of schools during the COVID-19 pandemic has been a highly contested issue. Challenges arose between minimizing the disruption to children's education while also keeping children, educators and the broader school community as safe as possible. While schools have the education of learners as their primary mandate, they also have the potential to play a pivotal role as nodes of care and support during crises such as the COVID-19 pandemic. The school is also required to be the setting through which the necessary preventive and support measures can be provided.

The COVID-19 pandemic has brought into focus the integral relationship between the health and education of children. The health of a child influences the extent to which they can fully attain their education potential, and the level and quality of education impact on their longer-term health. The threats posed by the COVID-19 pandemic to both the health and education of school-going youth are therefore likely to have devastating immediate and long-term impacts

on children and the broader society. Schooling during the pandemic has posed many challenges.

Learner absenteeism, particularly in the youngest grades, was a key factor driving learning losses. Learners in historically disadvantaged schools recorded learners losing 50% - 75% of contact time. In South Africa, schools closed nationally for the first three months of the lockdown, with a gradual phased return, coupled with online learning. Most children spent considerable amount of time out of school since March 2020 when the COVID-19 pandemic started, with an estimated 750 000 children dropping out of school since the pandemic began. The rotational system disrupted teachers' ability to complete the curriculum, negatively affecting learners' mastery of core skills and content knowledge, particularly in the younger grades where children learnt foundational concepts. Despite Matriculants continuing to attend classes, grade 12 learners from low Supplemental Educational Services (SES) schools were estimated to have lost around 35% of contact time. Online learning during the pandemic amplified socio-economic divisions. While 90% of South African households have access to a mobile phone, only 60% could access the internet via their mobile phones. Over 2000 or 0.6% of teachers lost their lives between March 2020 and late May 2021. It was predicted that learners would be an entire year of learning behind their pre-pandemic peers.

Given the absence of psychosocial support for the majority of young South Africans, the school becomes critical in mainstreaming and promoting mental health, particularly during periods of adversity. Teachers need to have a basic understanding of mental illness to grasp how trauma affects self-esteem, behaviour and interpersonal relationships. There is a need to move away from the stigma and ignorance of trauma, towards normalising children's experiences associated with mental illness. Creating emotionally safe spaces where children can learn to express themselves and be taught the skills of emotional literacy.

Many direct and indirect health effects for school children occurred during the pandemic, some aspects were managed well while others have presented ongoing challenges. Some of the health-specific aspects that required attention include:

- Psycho-social support and teacher wellbeing;
- Build the capacity of teachers to support learners who are struggling with emotional and psychosocial issues;
- Provide psychosocial support for teachers who are experiencing their own emotional distress;
- Strengthen & centralise the role of School-Based Support Teams within these collaborations (referrals); and
- Strengthen partnerships between schools, universities and districts.

6. Acknowledgements

The Chairperson thanked the Children's Institute, University of Cape Town for the presentation and their answers to all questions posed by Members. The Chairperson also thanked Members for their participation in the meeting.